

SUMMER BEACH VOLLEYBALL TRAINING-YOUTH CAMP REGISTRATION/WAIVER
(July 5th-Aug 3rd) Location=Bradford Beach

Participant's name: _____ Age: _____ Fall Grade _____ M/F _____

Parent's name: _____ Home #(____) _____ Cell#(____) _____

Parent e-mail address _____ Fall school attending: _____

Emergency Contact name: _____ Emergency Contact #(____) _____

Doctor's name: _____ Primary Ins,Comp for participant: _____

Policy # _____ Medical Conditions? _____

Recent Injuries/Limitations: _____

*I give my child permission to participate in the 2016 Summer volleyball sessions at Bradford Beach. By signing this form, I agree to the following terms and conditions: I am fully aware that participating in these volleyball sessions and camps can be dangerous and that minor and major injuries can occur. I accept the possibility of general risk and also the risk of catastrophic injury, paralysis, and even death.

I, my executors, or other representatives recognize the risks involved in the sport of sand volleyball do hereby waive and release all rights and claims for damages that my child or I have against Bradford Beach View LLC, the Milwaukee County Parks Department, Gary Tome, and coaching staff, if hurt as a result of participating in and or observing in these volleyball sessions and camps.

I certify the participant has full medical insurance with the company listed above and is a current and active member. I also certify to the best of my knowledge that the participant named heron is physically fit to engage in the activities described. Any limitations should be written and given to the volleyball coaches.

If, during the course of the activities, my child should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. The participant/legal parent or guardian will assume full financial responsibility for the bills incurred. This waiver must be signed and completely filled out prior to anyone participating in these Summer volleyball sessions. See*** Below

Please mail registration/waiver forms and fee's payable to: Gary Tome (check or cash)
3001 N. 69th Street Milwaukee WI 53210

*Forms and payment due June 10th... Camp spot will be reserved and confirmed upon payment via email, First come 1st serve as camp will fill up fast!

** After registration ends you will receive an email regarding specifics about things like, inclement weather cancellations make-ups, what to wear, and bring to camp, etc...

***Please contact me with any specific camp related questions, 414-305-0067, tomegs@yahoo.com

**** Can't wait to see everyone at the beach, will be a great Summer of VB training!!!!